

FILE CODE: _____

STATEMENT OF INCOME AND EXPENSES

DUE BY THE 10TH of the following month

(on cash basis only)

Name: _____
Current Address: _____
Telephone: _____
E-mail Address: _____

For the Month: _____
Occupation: _____
No. in Family: _____
Cell phone: _____
New Address/Email? Yes No

INCOME (Supply photocopies of all sources of income slips)

Net monthly earnings... (attach copies of ALL pay statements)	\$	_____
Net earnings of spouse... (if living together attach copies of ALL pay statements)	\$	_____
Self-employed earnings... (carried forward from Page 2 on reverse)	\$	_____
Pensions received... (attach bank statement)	\$	_____
Canada Child Benefit... (attach bank statement)	\$	_____
Spousal or child support (specify)... (attach bank statement)	\$	_____
Employment Insurance or Social Assistance (specify)... (attach stub or bank statement)	\$	_____
Other sources of income _____	\$	_____
Total Income	\$	_____

LESS: Allowable Deductions (NOT ALLOWED WITHOUT RECEIPTS)

Medical condition... (supply copies of prescription receipts)	\$	_____
Transportation costs... (allowed by employer for work purposes, supply T2200 income tax form)	\$	_____
Child daycare... (supply copies of receipts)	\$	_____
Child support... (supply copies of receipts)	\$	_____
Total Allowable Deductions	\$	_____
TOTAL Net Income (Total Income – Total Allowable Deductions)	\$	_____

EXPENSES

Rent / mortgage payments (specify)	\$	_____
Property taxes / condominium fees	\$	_____
Insurance (house)	\$	_____
Groceries...\$_____ Restaurants / fast-food...\$_____	\$	_____
Clothing	\$	_____
Life insurance	\$	_____
Cable / internet	\$	_____
Gas / electricity / fuel oil	\$	_____
Telephone...\$_____ Cell phone...\$_____	\$	_____
Medical and hospital insurance	\$	_____
Laundry and dry cleaning	\$	_____
Other lease / rent-to-own payments	\$	_____
Transportation (personal use) Car loan / lease (specify)	\$	_____
Vehicle gas / oil	\$	_____
Vehicle insurance	\$	_____
Bus / taxi	\$	_____
Recreation: entertainment \$_____ hobbies \$_____ liquor \$_____ cigarettes \$_____ babysitting \$_____	\$	_____
Miscellaneous (Specify) _____	\$	_____
Payment to Trustee	\$	_____
Total Monthly Expenses	\$	_____
TOTAL balance remaining (Total Net Income – Total Monthly Expenses)	\$	_____

Email: budget@sands-trustee.com

Date: _____

Fax: 1-888-910-4393

Signature: _____

E. Sands & Associates Inc. Suite 200, 500 Sixth Avenue, New Westminster, B.C. V3L 1V3

Please consult with an accountant for advice. We do not provide same.

Monthly Self-Employed Schedule (on cash basis only)

		GST	
		Business income	GST charged on invoice (s)
INCOME (Self-Employment)			
Sales, commissions or fees	(a) \$		
Minus - GST and PST invoiced (include in above)	(b) \$		(b)
Net Sales, Commissions or fees - line (a) minus line (b)	\$		
Other Income (specify)	\$		
Gross Income (Total of the above Lines) (c) \$			
		Total GST Charged (b) \$	(b)

EXPENSES (Self-Employment portion)

		Business expenses	GST paid on expenses
Purchases (used in job)	\$		
Advertising	\$		
Business / tax, fees, licenses, dues, memberships and subscriptions	\$		
Delivery, freight and express	\$		
Insurance (other than vehicle)	\$		
Interest / bank charges	\$		
Maintenance and repairs (specify)	\$		
Meals and entertainment \$ _____ x 50% = (allowable portion)	\$		
Motor vehicle or equipment lease payment	\$		
Motor vehicle or equipment: gas \$ _____ repairs \$ _____ insurance \$ _____ =	\$		
Office expenses	\$		
Supplies	\$		
Legal, accounting and other professional fees for business purposes	\$		
Business rent (office in home or other)	\$		
Salaries, wages and benefits paid (including employer's contributions)	\$		
Source deductions (EI, CPP, income tax: deducted from employees)	\$		
Travel expenses	\$		
Telephone and utilities	\$		
Other expenses (specify) _____	\$		
Other expenses (specify) _____	\$		
Total Expenses from Business (d) \$			
		Total GST paid (c) \$	(c)
		Total GST to be remitted (b-c) \$	

EXCESS OF INCOME OVER EXPENSES (c - d) _____

* CANADA PENSION PLAN CONTRIBUTION: \$ _____ x 2 = _____

* INCOME TAX CONTRIBUTION: Federal \$ _____ Provincial \$ _____ = _____

NET INCOME TO INDIVIDUAL (to be carried forward to Page 1) \$

*** Note:** Payments to **Canada Revenue Agency** for **tax installments** must be submitted on a **monthly basis**. **Remit your proof of payment with your Statement of Income and Expenses**. To calculate your installments, please refer to: <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-businesses/payroll-deductions-online-calculator.html> or search for **payroll remittance calculator Canada**.